Signature

UTILITY PATENT APPLICATION **TRANSMITTAL** 

| Attorney Docket No. |      | No.  | 3304.2.129                                                                |               |  |  |  |  |  |
|---------------------|------|------|---------------------------------------------------------------------------|---------------|--|--|--|--|--|
| First Inventor Nie  |      | Nien | -Hua Pai                                                                  |               |  |  |  |  |  |
| Title               | PERF | ORMI | E SCANNER CAPABLE OF<br>NG TRANSMISSIVE AND REFL<br>WITH SINGLE SIDE LAMP | ECTIVE<br>: O |  |  |  |  |  |
|                     |      |      | 514400000050110                                                           |               |  |  |  |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                  |                                 |      |                                                                                                                                                                                                                                                                                                                                                                                                 | _                                                                                 |                                                                                     |                                                                              |                                                                            |                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------|---------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| (Only for I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | new nonprovisional appli | cations under 37 | C.F.R. 1.53(b))                 | E    | xpress Mail I                                                                                                                                                                                                                                                                                                                                                                                   | Label No.                                                                         | EV                                                                                  | 06339359                                                                     | ous                                                                        | 93<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10 |
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                  |                                 |      | ADDRESS TO:  Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450                                                                                                                                                                                                                                                                                      |                                                                                   |                                                                                     |                                                                              |                                                                            |                                                                                  |
| 1. Eee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)  2. Applicant claims small entity status. See 37 CFR 1.27.  3. Specification [Total Pages 15] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings ( if filed) - Detailed Description - Claim(s)                                                                                                                                           |                          |                  |                                 |      | 8. Nuclo<br>(if ap<br>a.                                                                                                                                                                                                                                                                                                                                                                        | Computer leadide and plicable, a Computer ecification CD-ROI paper Statemen ACCOM | Progra<br>/or An<br>// neco<br>Read<br>Seque<br>M or C<br>ts veri<br>IPAN<br>ent Pa | am (Appendino Acid Sessary) lable Formence Listing CD-R (2 cop fying identif | equence Submission (CRF) (on: (on: (on) (on) (on) (on) (on) (on) (on) (on) | it(s))                                                                           |
| - Claim(s) - Abstract of the Disclosure  4. Drawing(s) (35 U.S.C.113) [Total Sheets 7]  5. Oath or Declaration [Total Pages 2]  a. Newly executed (original or copy)  b. Copy from a prior application (37 CFR 1.63 (d))  (for a continuation/divisional with Box 18 completed)  i. DELETION OF INVENTOR(S)  Signed statement attached deleting inventor(s)  named in the prior application, see 37 CFR  1.63(d)(2) and 1.33(b).  6. Application Data Sheet. See 37 CFR 1.76                                                                                                                                                                                                                                                                 |                          |                  |                                 | 11.  | 12. ☐ Information Disclosure ☐ Copies of IDS Statement (IDS)/PTO-1449 Citations  13. ☐ Preliminary Amendment  14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. ☒ Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. |                                                                                   |                                                                                     | of IDS<br>s                                                                  |                                                                            |                                                                                  |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:  Continuation Divisional Continuation-in-part (CIP) Of prior application No: For application information: Examiner Group / Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. |                          |                  |                                 |      |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                                     |                                                                              |                                                                            |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ·                        |                  | 19. CORRE                       | SPON | IDENCE A                                                                                                                                                                                                                                                                                                                                                                                        | DDRESS                                                                            |                                                                                     |                                                                              |                                                                            | ···                                                                              |
| □ Customer Number 21552                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                  | or Correspondence address below |      |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                                     |                                                                              |                                                                            |                                                                                  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Evan R. Witt             |                  |                                 |      |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                                     |                                                                              |                                                                            |                                                                                  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                  |                                 |      |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                                     |                                                                              |                                                                            |                                                                                  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                  | State                           |      |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   | Zip                                                                                 | Code                                                                         |                                                                            |                                                                                  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                  | Telephone                       |      |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                                     | Fax                                                                          |                                                                            |                                                                                  |
| Name (P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rint/Type) Eve           | on D. Witt       |                                 |      | Registratio                                                                                                                                                                                                                                                                                                                                                                                     | n No. (Atto                                                                       | mev/                                                                                | Agent)                                                                       | 32 512                                                                     |                                                                                  |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date

4/19/2004

Approved for use through 07/31/2006. OMB 6051-0032

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| FEE TO ANOMITY AT                                                 | Complete if Known       |              |  |  |  |  |
|-------------------------------------------------------------------|-------------------------|--------------|--|--|--|--|
| FEE TRANSMITTAL                                                   | Application Number      |              |  |  |  |  |
| for FY 2004                                                       | Filing Date             |              |  |  |  |  |
| Effective 10/01/2003. Patent fees are subject to annual revision. | First Named<br>Inventor | Nien-Hua Pai |  |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27             | Examiner Name           |              |  |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27             | Group / Art Unit        |              |  |  |  |  |
| TOTAL AMOUNT OF PAYMENT (\$) 810.00                               | Attorney Docket No.     | 3304.2.129   |  |  |  |  |

| METHOD OF PAYMENT (check all that apply)                              |                                   |                                                              |              |             | FEE CALCULATION (continued) |             |             |                                                                                  |          |  |
|-----------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------|--------------|-------------|-----------------------------|-------------|-------------|----------------------------------------------------------------------------------|----------|--|
| ☐ Check ☑ Credit card ☐ Money ☐ Other ☐ None                          |                                   |                                                              |              |             | DITIONA                     | L FEES      |             |                                                                                  |          |  |
| ☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order ☐ Deposit Account: |                                   |                                                              | <u>Large</u> | Entity      | Small E                     | ntity       |             |                                                                                  |          |  |
|                                                                       |                                   | · ·                                                          |              | Fee<br>Code | Fee<br>(\$)                 | Fee<br>Code | Fee<br>(\$) | Fee Description                                                                  | Fee Paid |  |
| Deposit<br>Account                                                    | 13-0763                           |                                                              |              | 1051        | 130                         | 2051        | 65          | Surcharge - late filing fee or oath                                              |          |  |
| Number                                                                | 13-0703                           |                                                              |              | 1052        | 50                          | 2052        | 25          | Surcharge - late provisional filing fee or cover sheet.                          |          |  |
| Deposit                                                               |                                   |                                                              |              | 1053        | 130                         | 1053        | 130         | Non-English specification                                                        |          |  |
| Account                                                               | Madson & M                        | /letcalf                                                     |              | 1812        | 2,520                       | 1812        | 2,520       | For filing a request for reexamination                                           |          |  |
| Name The Commissioner is authorized to: (check all that apply)        |                                   |                                                              |              |             | 920*                        | 1804        | 920*        | Requesting publication of SIR prior to<br>Examiner action                        |          |  |
| □ Charge fee(s) i                                                     | ndicated below 2                  | Credit any overpayments ing the pendency of this application | 1            | 1805        | 1,840*                      | 1805        | 1,840*      | Requesting publication of SIR after<br>Examiner action                           |          |  |
|                                                                       |                                   | xcept for the filing fee                                     |              | 1251        | 110                         | 2251        | 55          | Extension for reply within first month                                           |          |  |
| to the above-id                                                       | dentified deposit a               | ccount.                                                      |              | 1252        | 420                         | 2252        | 210         | Extension for reply within second                                                |          |  |
|                                                                       | FEE CAL                           | CULATION                                                     |              |             |                             |             |             | month                                                                            |          |  |
| 1. BASIC FIL                                                          | ING FEE                           |                                                              |              | 1253        | 950                         | 2253        | 475         | Extension for reply within third month                                           | $\vdash$ |  |
|                                                                       | <u>Small Entity</u><br>See Fee Fe | ee Description                                               |              | 1254        | 1,480                       | 2254        | 740         | Extension for reply within fourth month                                          |          |  |
|                                                                       | code (\$)                         | Fee Paid                                                     |              | 1255        | 2,010                       | 2255        | 1,005       | Extension for reply within fifth month                                           |          |  |
| 1001 770 2                                                            | 2001 385 Ut                       | ility filing fee 770.00                                      | 7            | 1401        | 330                         | 2401        | 165         | Notice of Appeal                                                                 |          |  |
| 1002 340 2                                                            | 2002 170 De                       | esign filing fee                                             | 7            | 1402        | 330                         | 2402        | 165         | Filing a brief in support of an appeal                                           |          |  |
| 1003 530 2                                                            | 2003 265 Pla                      | ant filing fee                                               | 7            | 1403        | 290                         | 2403        | 145         | Request for oral hearing                                                         |          |  |
|                                                                       |                                   | eissue filing fee                                            |              | 1451        | 1,510                       | 1451        | 1,510       | Petition to institute a public use proceeding                                    |          |  |
| 1005 160 2                                                            | 2005 80 Pr                        | ovisional filling fee                                        | _            | 1452        | 110                         | 2452        | 55          | Petition to revive - unavoidable                                                 |          |  |
|                                                                       | SUBTOTAL (                        | 1) \$770.00                                                  | ٦            | 1453        | 1,330                       | 2453        | 665         | Petition to revive – unintentional                                               |          |  |
| ,                                                                     |                                   |                                                              |              | 1501        | 1,330                       | 2501        | 665         | Utility issue fee (or reissue)                                                   |          |  |
| 2. EXTRA CLAIN                                                        |                                   |                                                              |              | 1502        | 480                         | 2502        | 240         | Design issue fee                                                                 |          |  |
|                                                                       |                                   | Extra Fee from Fee Claims below Paid                         |              | 1503        | 640                         | 2503        | 320         | Plant issue fee                                                                  |          |  |
| Total Claims 20                                                       |                                   | 0 X 18 = 0                                                   | ٦            | 1460        | 130                         | 1460        | 130         | Petitions to the Commissioner                                                    |          |  |
| Independent                                                           |                                   |                                                              | Ŧ.           | 1807        | 50                          | 1807        | 50          | Processing fee under 37 CFR 1.17 (q)                                             |          |  |
| Claims 3                                                              | - 3 ** =                          | 0 X 86 = 0                                                   | ╛            | 1806        | 180                         | 1806        | 180         | Submission of Information Disclosure Stmt                                        |          |  |
| Multiple Dependent Large Entity                                       | Small Entity                      | X 145 = 0                                                    |              | 8021        | 40                          | 8021        | 40          | Recording each patent assignment<br>per property (times number of<br>properties) | 40       |  |
| Fee Fee                                                               | Fee Fee                           | Fee Description                                              |              | 1809        | 770                         | 2809        | 385         | Filing a submission after final rejection (37 CFR § 1.129(a))                    |          |  |
| Code (\$)<br>1202 18                                                  | Code (\$)<br>2202 9               | Claims in excess of 20                                       |              | 1810        | 770                         | 2810        | 385         | For each additional invention to be                                              | $\vdash$ |  |
| 1201 86                                                               | 2201 43                           | Independent claims in excess of 3                            |              |             |                             |             |             | examined (37 CFR § 1.129(b))                                                     |          |  |
| 1203 290                                                              | 2203 145                          | Multiple dependent claim, if not pa                          | id           | 1801        | 770                         | 2801        | 385         | Request for Continued Examination (RCE)                                          |          |  |
| 1204 86                                                               | 2204 43                           | ** Reissue independent claims ove<br>original patent         | er .         | 1802        | 900                         | 1802        | 900         | Request for expedited examination                                                |          |  |
| 1205 18                                                               | 2205 9                            | ** Reissue claims in excess of 20 a<br>over original patent  | and          | Other fr    | ee (speci                   | ifv)        |             | of a design application                                                          | -        |  |
|                                                                       | SUB                               | STOTAL (2) \$ 0.00                                           |              |             |                             |             | _           |                                                                                  |          |  |
| **or number previously paid, if greater; For Reissues, see above      |                                   |                                                              |              | *Redu       | ced by B                    | asic Filin  | g Fee P     | aid SUBTOTAL (3)                                                                 | 10.00    |  |

| SUBMITTED BY      |              | Co                               | Complete (if applicable) |           |                |  |
|-------------------|--------------|----------------------------------|--------------------------|-----------|----------------|--|
| Name (Print/Type) | Evan R. Witt | Registration No. Attorney/Agent) | 32,512                   | Telephone | 801-537-1700   |  |
| Signature         | 4            | RWitt                            |                          | Date      | April 19, 2004 |  |

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Date of Deposit: April 19, 2004

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I hereby certify that this patent application in the name of Nien-Hua Pai for DUAL-MODE SCANNER CAPABLE OF PERFORMING TRANSMISSIVE AND REFLECTIVE SCANNING WITH SINGLE SIDE LAMP, together with drawings, a Declaration for Utility Patent Application, an Assignment and Recordation Form Cover Sheet, a Utility Transmittal Form, a Fee Calculation Sheet, Certified Copy of Priority Application, and two Credit Card Payment Forms for the amounts of \$770 and \$40 are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above in an envelope addressed to Mail Stop Patent Application, Commissioner

Respectfully submitted,

Evan R. Witt

Reg. No. 32,512

Attorney for Applicant

Date: April 19, 2004

MADSON & METCALF Gateway Tower West 15 West South Temple, Suite 900 Salt Lake City, Utah 84101 Telephone: 801/537-1700